



GREENSBORO POLICE DEPARTMENT VOLUNTEER SERVICES APPLICATION

Full Name: _____

Last

first

middle

Address: _____ Phone: _____

City: _____ State _____ Zip: _____

Email: _____ Race: _____ Sex: _____

Social Security #: _____ Date of Birth: _____

Drivers License #: _____ State: _____

EDUCATIONAL BACKGROUND

High School Attended: _____ Graduated: No _____ Yes _____

Date of Graduation: _____

College or Technical Training:

School: _____ Date/s Attended: _____ Degree: _____

School: _____ Dates Attended: _____ Degree: _____

Other Training: _____

EMPLOYMENT HISTORY

Current or Most Recent Employer: _____

Address: _____ Dates Employed: _____

Present or Last Supervisor: _____ Phone: _____

Position or Primary Duties: _____

Previous volunteer experience:

Organization: _____ Dates: _____

Supervisor: _____ Phone: _____

Duties: _____

Organization: _____ Dates: _____

Supervisor: _____ Phone: _____

Duties: _____

What is your current employment status: Unemployed _____ Retired _____ Working: _____

List special skill you feel will be useful as a volunteer: _____

Do you speak a second language? ____yes ____no Language Spoken _____

AVAILABILITY AND TIME COMMITMENT

How much time are you willing to provide as a volunteer?

Hours per week: _____ Hours per day: _____

Days of the week you are available to volunteer: _____

State briefly why you would like to become a member of the GPD's Volunteer Services Program:

REFERENCES

Please provide the names, phone numbers and email of three non-relative references who know you well, and that you give GPD permission to contact:

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

EMERGENCY CONTACT

Name _____ Phone _____

I certify that all information contained in this application is true and complete to the best of my knowledge and belief. I further understand that acceptance a Greensboro Police Department volunteer is contingent upon investigation of my previous employment record and references, without further notification to me. I also give the GPD permission to conduct a criminal investigation of my background.

Signature_____Date_____

BACKGROUND INVESTIGATION

As an applicant for a volunteer position with the Greensboro Police Department, you are being asked to provide information about yourself which will be used to evaluate your suitability for this type of position. You are not legally required to provide the requested information. However, if you choose not to, the Greensboro Police Department will be unable to conduct the required background investigation and will be unable to consider you for a volunteer position. I hereby authorize the Greensboro Police Department to use the information I have provided to determine my suitability as a GPD volunteer.

Signature and Date_____

CONFIDENTIALITY AGREEMENT

I _____ recognize that, if I am accepted into the Greensboro Police Department's Volunteer Program, I may, at times, be in a position to read or come into contact with confidential, private and sensitive information in the course of my volunteer duties. I understand that this information cannot be copied, removed from the GPD, or shared with anyone other than GPD employees. I understand that a violation of this confidentiality agreement will mean termination of my Greensboro Police Department volunteer status.

Signature and Date_____

OFFICIAL USE ONLY

DATE RECEIVED BY COMMUNITY RELATIONS_____

ORIENTATION COMPLETED_____

ASSIGNMENT_____

IMMEDIATE SUPERVISOR_____

START DATE_____